PTOISEAG (08-03)
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B. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									770	17777	104
CLAIMS AS FILED - PART I (Calumn 1) (Calumn 2)								NTITY	OR		R THAN ENTITY
FOR NUMBER FILED			MUMBER EXTRA		1	RATE	FEE		RATE	FEE	
	IC FEE CFR 1.18(e))								OR		
101	AL (CLAIMS CFR 1.18(c))		critrum 20		•		× a•		OR	x	
IND G7	EPERDENT CLAS SFR 1.16(b))	45	minus 3 • •				X 8		CR	x ••	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.19(d))							+8=		OR	+3=	
" If the difference in column 1 is less than zero, order "O" in column 2.							TOTAL		OR	TOTAL	
\ CLAIMS AS AMENDED - PART II											
10	O3U (Column 1) (Column 2) (Column 3				(Calumn 3)		SMALL E	NTITY	OR .	OTHER SMALL	THAN ENTITY
MENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE .	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
JME	Total (37 OFR LINES)	33	Minus	127	•	r	x s=		OR	x 4	
END	(POR LADS)	. 5	Minus	6	•		x s		OR	x 8	
AM	FIRST PRESENT	ATION OF MULTIPU	E DEPENCE	OFF CLAIM (37 CF	R 1.16(0)		+3		OR	<u>موو</u>	
						•	TOTAL ADO'L FEE	•	OR	TOTAL ADD'L FEE	•
		(Column 1)		(Column 2)		,					
NT B		CLAIMS REMAINING AFTER AMENOMENT		HIGHEST NUMBER PREVIOUSLY PROFOR	(Cólumo 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIDNAL NEE
MENT	Total GF CFR L180x3	.23	Minus	753	• -	1	× 8		OR	X8	7X
END	Independent (IF OFR LTED)	5	Milmon	9	2		x 8•		OR	x 8=	
AM	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDE	SIT CLAIM (STCF	R 1.18(d))	L			OR		
, ,						•	TOTAL ADD'L FEE		QR	TOTAL ADD'L FEE	
3 26 (UT) (Column 1) (Column 2) (Column 3)											
NTC		CLAMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL PEE		RATE	ADDI- TIONAL FEE
DMENT	Total corces used	- 23	Minus	-27	• —	1	xse	· ·	OR	x s=	
る	Independent (IF CPR 1.18(pg)	. 8	Minus	- 8	•	1	× 8=		OR	× 4	4
AM	FIRST PRESENTATION OF MULTIPLE DEPUNDENT CLAIM (17 CFR 1.18(4))						+3		OR	+ 1	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	Ψ
* If the entry in column 1 is less than the entry in column 2, write "If in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											
	THE PERSON NAMED IN							the second	ta hau le -		

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentiality is governed by 33 U.S.C. 122 and 37 CFR 1.16. This collection is estimated to take 12 minutes to complete, including gathering, properting, and extenditing the completed application form to the USPTO. There will vary depending upon the Individual case. Any comments on the amount of draw you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petert and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.